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FACSIMILE COVER SHEET

Date: October 24, 20 Attorney Docket No.		Number of Pages (including this transmittal cover sheet):			
From: Robert J. Zeit Reg. No. 37,9		Direct Line: (630) 527-4884			
ATTENTION: EX AR Uni	AMINER H. Patel T UNIT 2839 ited States Patent and	Trademark Office			
Facsimile Number:	571-273-8300				
RESPONSE TO O In re Appln. of: Application No. Filed: Entitled:	Zaderej 10/517,395 August 24, 2005	OR FOR ELECTRONIC DEVICES			
Enclosed: Fee Transmittal w Amendment A (11		e Request (1 pg. in duplicate)			
A confirmation copy of	f the transmitted document	will:			
Not be sent. This of Be sent via First C Be sent via Overni	lass/Air Mail.	ivery of the transmitted document.			

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OCT 24 2006

			C	omplete	if Known			
		Applicat	ion Numbe		10/517,395			
FEE TRANSMITTAL			ate		August 24, 2005			
For FY 2005		First Na	First Named Inventor		Zaderej			
		Examin	er Name		H. Patel			
Applicant claims small entity status. See 37 CFR	1.27	Art Unit			2839			
OTAL AMOUNT OF PAYMENT \$ 1,020.00		Attorne	y Docket N	D	A2-209 US			
	DAVAG	ENIT (ab	nok all that	anniv)				
METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): ☐ Deposit Account Deposit Account Number: 50-1873 Deposit Account Name: Moley Incorporated ☐ Deposit Account Deposit Account Number: 50-1873 Deposit Account Name: Moley Incorporated								
Deposit Account Deposit Account Number: For the above-identified deposit account, the								
□ Charge fee(s) indicated below □ Charge any addtl. fee(s) or underpayr	ments und	der 37 Cl	R 1,16 and	1.17 an	d credit any overpayments.			
FEE CALCULATION								
. Basic Filing, Search and Examination Fed	es	_	'	'	Fees Paid (\$)			
i liling i dod	Search Fees	EX	Examination Fees		1 600 1 1111 141			
	5500		\$200		\$			
dulity	\$100		\$130		\$			
Design	\$300	\$160 \$160			\$			
Plant	•		\$100 \$600		\$			
Reissue \$300	\$50D		\$000 \$0		S ·			
Provisional \$200	\$0		<u> </u>					
2. Excess Claim Fees								
Each claim over 20 (including Reissues)					•			
Total Claims Extra C	<u>Claims</u>		<u>Fee (\$)</u>		#B 00			
24 -20 or HP= 0		x	\$50	=	\$0.00			
Each independent claim over 3 (including Reissues)								
Indep. Claims Extra C	Claims -		<u>Fee (\$)</u>					
)	×	\$200	=	\$0.00			
Multiple dependent claims			\$360		<u> </u>			
3. Application Size Fee (over 100 sheets)								
Total Extra Number	er of each	addtl 50						
sheets sheets (roun	d up to w	<u>/hole #)</u>		<u>(\$)</u> ≻50 -	: S			
-100 = /50 =			× \$2	250 =	· 4			
4. Petition for Extension of Time Fees					\$1020.00			
Three months (37 CFR 1.17 (a)(3)					\$1020.00			
5. Other fee(s)					\$			
					•			
					\$			
TOTAL FEES					\$1,020.00			
Name (Print/Type) Robert J. Zeitler	Robert J. Zeitler Registration No. 37,973							
Name (Finish)					Telephone (630) 527-488- Date October 24, 2006			
Signature Koharth Zeitle	7							